

REQUEST TO CARRY-OVER EARNED VACATION

Employee Name: _____

Number of vacation hours requesting to transfer to New Year beyond the allotted 5 day
carryover: _____

Reason for Request to Transfer:

Employee's Signature: _____ Date: _____

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Approved: _____ Denied: _____

Reason for Denial: _____

Supervisor's Signature: _____ Date: _____

City Administrator's Signature: _____ Date: _____

A copy of this signed document was sent to:

Employee: _____ (date)

Supervisor: _____ (date)

Payroll Dept: _____ (date)